

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>8</i>		
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>TN</i>	<i>49</i> <i>1061</i>	<i>8/30/01</i> <i>9/21/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/29/01
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

830  
09-21-01